

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3		①					53				
4		1					54				
5		1					55				
6	1						56				
7	1						57				
8		①					58				
9		1					59				
10		1					60				
11	1						61				
12		1					62				
13		①					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		①					68				
19	1						69				
20		1					70				
21	1						71				
22		1					72				
23		1					73				
24	1						74				
25		1					75				
26	1						76				
27	1						77				
28	1						78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	11						TOTAL IND.				
TOTAL DEP.	17						TOTAL DEP.				
TOTAL CLAIMS	28						TOTAL CLAIMS				